State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		1)	ursuan	t to NJAC 8:60 a	nd 12:120)		MEG	=0	W	E	I
Date of Notification (1)	17		Name o	of Building Owner							Commence of the last of the la
Agencies Notified Type Notification	<u>ac</u>		Street /	Address	LRC	DID		1	- J	40	THE REAL PROPERTY.
□ EPA Æ Initial		OM A		630 8	DRING	Valle	U W JU	4	a	IIZ.	has
☐ DEP ☐ Amended				ate, Zip Code	1	Vanc	7 1000	- Nadia			MI TOUR
□ Emergency	(includin		N	Morri	stow	in /	Sasa CV	IS ZO	7.6	0	
□ DCA justification □ Cancellation		- T	Name o	of Contact		^	Telephone.	ber	164/3		
			FAC	ILITY INFORMA	20/11/	<u> </u>	1000000	PIP	-		
Name of Facility Where Abatement is Takir	ng Place					pe of Facility	(4)		10410174	and the second	
Street Address	<u>_</u>	<u>) w</u>	cll_{i}	in 5			12)				
630 Sazi-	1/0	11.	Ī	22	2	Other (i.e.	r 8 (Other than K private & comme) il buil	dinas	hom	es
City (5)	1/4	nec	1-1	100a		etc.) juare Feet	# of Floors				
Morristour		NJ			"	lagie i cet	# 01 Floors	1	Bldg.	St.	•
County (6)			County	Code (7)	Ci	ırrent Use (Pr	or if being demo	ed)	1.	<u>) (</u>	
Name of Maritalian Roll S	<u> </u>			USE ONLY)				300			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No	Name of A	batement Co	ntractor (9)	- 5			
Street Address		-		ALW _	Street Add	Iress	LUVOI	90	63		
RO. Box 337					P.O	. Ba	× 335	0			
City, State, Zip Code	(3)	A A	MD (5)		City, State	, Zip Code					
Project Manager for worldring Firm	7	08	2 3	3	New	SEGY	of N	16	78	5	53
Steve Schenker	A		Telepho	ne No.	Telephone		License). Ch. 40	9	01	A
Start Date (10)	Schedu	led Cor	npletion	Date (11)	Name of C	SHA Monitor	(6))0	3	7	
7-19-12			9-1		EP		boolee	25			
Occupancy Status During Abatement (Chec	k Only O	ne)			Street Add		200	00	-		
Facility Closed/Vacated During Entire	Period of	Abaten	nent		P.0		33 7				
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	nal Facilit	y Hours	5		City, State				00	201	•
Scope of Work (Check All That Apply)					New	ESY	PP N.	_0	83	3	5
25 ≥3 sf or ≥3 lf		Renova	ition			Full Container					
☐ ≥160 sf or ≥260 lf		Demolit				Mini-Enclosure		essu	re		
						Glovebag Pro	cedure d (*) and Non-Fri	e Pro	rodur	۵	
	1	s Locat	ion				y did Hoff-th	-		ement	
Location of		Normal	ly	De	escription of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbestos Cor	ntaining Mater	rial (ACM)	Amount			m	_
In Facility	Cus	todial S	Staff?		I systems ins		(Specify SF or LF)	Remova	Repair	псар	ncle
(13)		(12)	_	other	miscellaneou	s)		oval	bair	Encapsulate	Enclosure
	Yes	No	N/A							te	.0
Basement	X			Pipe -	Insul	ation	10 L.F	X			
Basement	X			Floor	tile		1050	X			
	1	6		H COURC	1111			_(\)			
	-										
Name of Registered Waste Hauler			JDEP W		Yards /	Name of	Registered Land	1			
EPC Tech.		H	auler ID		iste <	Wes	Se Ma	60	000		4
City, State			700		sal Date	City, State	of C late	-3	200	169	Ü
NE NI					20-12		isville	9	4		
Completed by	Title		۸		Signatore /		1	1	a .		
Steve Johnsten	LPR	esi	den	+	Du	Deh		7-	9.	-1	2
		THE PARTY									

Noneck

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	1/2			Name o		Owner/O	perator	(2))EC	n		E	Tr	7
Agencies Notified	Type Notification Initial			Street Address 2000 FRANK E. RODGERS BLVD.							W	9		Section of the second
	Amended Amendment Emergency			City, State, Zip Code HARRISON, NJ 07029									į	
DOH DCA		Name o	Nun	nber	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4								
Name of Facility Where A	batement is Takin	g Place (3	3)	FACI	ILITY INF	ORMATIC	ON	Type of Facility	(4)		-	8.1		
PSE&G Street Address								School (K-	330.6	V 40	11			
410 SILVERLAKE A	VE.			***************************************				Other (i.e. etc.)	private & cor	K-12 iercia	* Commence	dings	, hom	es,
City (5) EDISON								Square Feet APPX. 5900	# of Flor			Bldg. A	Age 62 Y	RS
County (6) MIDDLESEX					Code (7) USE ONLY)		Current Use (Pr M & R "A" B		[2]				
Name of Monitoring Firm ENVIRONMENTAL		Owner (8)		ASCN 0045				me of Abatement Contractor (9) NIQUE SYSTEMS OF AMI						
Street Address 64 BROAD STREET	-							Address WHITEHEAD	AVE.					NS-CONIC
City, State, Zip Code MATAWAN, NJ 0774	47							tate, Zip Code TH RIVER, N	J 08882	-				
Project Manager for Monit	toring Firm	·						elephone No. Lic 32-432-8350 0			0.			
Start Date (10) 6/27/2012		Schedule	ed Co					ne of OSHA Monitor			INC	 >.		
Occupancy Status During	Abatement (Chec	k Only Or	ne)	701	<i>a</i>		Street	Address					•	<u></u>
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire d Outside of Norm	Period of Anal Facility	Abater / Hour	ment s		ŀ	City, S	WHITEHEAD tate, Zip Code TH RIVER, N					f y	
Scope of Work (Check All	That Apply)						300	TH KIVEK, IV	J. U000Z			ecolores		
≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf	.*	-	Renov Demol				×	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure		ressu	ire	re	3
		1000	Loca					+				Abat	emen ype	t . ,
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma Cust	d Sole intena todial (12)	Staff?		tos Conta thermal s surfac	lescription of intaining Material (ACM) Amo al systems insulation, (Spe facing, VAT, or SF or miscellaneous)				Removal	Repair	Encapsulate	Enclosure
TDADEDO DOG	NA IIAII	Yes	No	N/A		DIDE IN	10111.0	TION	0401				Ф	
TRADERS ROC			X	-		PIPE IN	ISULA	TION	310 L	-	Х	_		_
BATHRO	OW			+										
												-		
Name of Registered Waste	e Hauler			JDEP W		Cubic Y		Name of	Registered L	dfill		-		
WASTE MANAGEME	NŤ		H	lauler ID I 1125	No.	of Wast 20	e	GROW						÷
City, State ELIZABETH, NJ						Disposa	al Date	City, Stat	e SVILLE, F					
Completed by CAROL RAIMO		Title OFFI	CE M	IGR.		Sig	nature Wa	exain.	ne	Date	7/9	3/,	2	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1 6/13/2012	T	Name of	f Building Ow G	ner/Operato	r (2)		1 17	IS.	-		:			
Agencies Notified	Type Notification			Street A	ddress RANK E.	JEL	1 1	12						
EPA DEP DOL	Initial Amended Amendment		_	City, Sta HARR			1	N. Carlotte						
DOH DCA	justification) Cancellation			Name of JOHN	Telep	p ie Number								
Name of Facility When	re Abatement is Takin	g Place (3)		FACI	LITY INFOR	MATION	Type of Facilit	v (4)						
PSE&G							School (F							
Street Address 410 SILVERLAKI	FAVE							ter 8 (Other e. private & c	n K-12 mercia		dings.	home	es.	
City (5)							etc.) Square Feet	# of F	rs		ldg. A	100		
EDISON							APPX. 5900	F. 14975 S. 1016 S. 1608	13		PX (RS	
County (6) MIDDLESEX		*		County (Code (7) JSE ONLY)		Current Use (F M & R "A"		molish	ed)			1	
Name of Monitoring F ENVIRONMENTA	irm Hired by Building (AL TACTICS	Owner (8)		ASCN 0045			of Abatement C		RICA	INC	;.			
Street Address 64 BROAD STRE	EET						Address WHITEHEAD	O AVE.						
City, State, Zip Code MATAWAN, NJ 0)7747	-		City, State, Zip Code SOUTH RIVER, NJ 08882										
Project Manager for N TOM GEIGER	Monitoring Firm	T				elephone No. 12 32-432-8350 (nse No. 111					
Start Date (10) 6/27/2012		d Cor	mpletion I	Date (11)		of OSHA Monit	5-15	RICA	INC	·				
Occupancy Status Du	uring Abatement (Chec	k Only One)				Address				1	•	•	
Facility Closed/V	/acated During Entire	Period of Al	baten	nent			WHITEHEAD	O AVE.			•	·		
Other – Describe			noui	5			State, Zip Code JTH RIVER, I	NJ. 08882				04 P.T	*	
Scope of Work (Chec	k All That Apply)				·····		_				-		,	
≥3 sf or ≥3 lf x ≥160 sf or ≥260	lf	enova				Mini-Enclos Glovebag P		ative F			'e	ß .		
	10		ocat				·				Abat		t ,	
	tion of ing Material (ACM)	Used		ly by	Ashestos		Description of Intaining Material (ACM) An Intaining Mater			\vdash	1,		Г	
TO BE	ABATED acility 13)	Custo	(12)	Staff?	(i.e. the	ermal system surfacing, VA				Removal	Repair	Encapsulate	Enclosure	
TDADEDOE	2004 11411	Yes	No	N/A	DIF	OF INCLU	ATION	240	=				_	
	ROOM, HALL, ROOM		Х		PIF	PE INSUL	ATION	310		Х				
BAIH	ROOM									-				
Name of Registered V	112775	IJDEP W		ubic Yards Waste		of Registered	andfill		V-1-35					
WASTE MANAGE	IVIEN I			1125		20	GRO							
City, State ELIZABETH, NJ						isposal Date 19/2012		ate RISVILLE,	A					
Completed by CAROL RAIMO		Title OFFIC	EM	IGR	Topic mark	Signature	11 ~		Dat 6/1	3	12			
CANOL MAINO		101110	- IV	iOix.		Lan	allae	me	6/13/2012					



STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1)	7/5/	12				ding Owner/Ope er-RaritaḥRe	7 4 9 7 51	chool	Dis	W				
Agencies Notified		Notification	Tyne		Street Addre			_#						
EPA			1990		836 Newmans Lane					1 2012	- I			
X DEP		X Initial	Amended #			City, State, Zip Code					<u>i</u> _			
X DOL			ncy (inclu	dina			l ti-	ASBES	TOS	TOS ONTROL &				
X DOH		justifica		unig		er, NJ 08807	ķ ž		1101	1 1110				
▼ DCA		Cancell	ation		Name of Cor Ray Ruth	ntact	Les consciones	I-Tel-N	umt					
Name of Facility Where Abate	amont la T	aking Diago /	7	FACILITY II	NFORMATION					2020		Start in 12		
Hillside School	ement is i	aking Flace (3	<u>)</u>		Type of Facil	Ity (4)								
Street Address					School	(K-12)			-1					
844 Browns Rd					Subcha	pter 8 (Other tha	ın K-12)							
	ounty (6)		I County	Code (7)	Other (i.e., private & co	mmercial t	uildings						
***************************************				lse Only)	homes, etc.)									
Bridgewater Some Name of Monitoring Firm Hire	omerset		ASCM N	To .						1				
Briggs Associates	d by blug	. Owner (o)	0000		Name of Con									
Street Address			0000	1		Corporation	l 			1				
3 Crosswick Street					Street Addres	ss cBride Ave			-1					
City, State, Zip Code					-									
Bordentown, NJ 08505	12				City State, Zi									
	- Firm	I Talanhana	Tourshou		Paterson, I		mark to a							
Project Manager for Monitorin	ig Firm	Telephone I			Telephone N			Licens		ber				
Michael Hoodak		609-298-5	-		973-742-5			0080	9					
Scheduled Start Date (10)		Scheduled (n Date (11)	Name of OSI).		-					
7/16/2012		8/10/2012			MIM Metro	o Corporation	1							
Occupancy Status During Aba	atement (0	Check only one)		Street Addres									
					135-137 N	lcBride Ave								
Facility Closed/Vacated	During En	tire Period of	Abatemen	t	City, State, Z	p Code								
Abatement Performed C	outside of	Normal Facility	/ Hours			1107504								
Other-Describe:					Paterson, N	NJ 07501								
Source of Work (Check all that	at apply)				l									
> 3 sf or > 3 lf	×	Renovation		X Ful	I Containment w	ith Negative Pre	ssure	☐ Mi	ni-E	sure				
× > 160 sf or > 260 lf		Demolition		No	n-Exempted(*) &	Non-Friable Pro	ocedure	Glo	oveb	Procedure	е			
Location of Asbestos-		ation Normally		Description of		Amount (Spe	cify SF or	LF)	AE	ment Typ	е			
Containing Material (ACM) in Facility (13)	Staff?	by Maint./Cus (12)	todial	thermal system surfacing, VA	11 B B 6 1 B F C C C C C C C C C C C C C C C C C C									
	YES	NO	N/A	miscell.)					Re	Rep.	Encap	Enclose		
Rooms 109,115,207 Cafeteria & Rooms 109,115,207		×		VAT		2,181SF			>		X			
Caleteria & Rooms 109,115,207				Ceiling tile		4,281SF		_		+	X			
Name of Reg. Waste Hauler		I NIDED WA	to Herrie	ID #	T Cubic Void	(Masta		Na		lax dell				
MTM Metro Corporation		NJDEP Was 26552	ne mauler	11) #	Cubic Yards of	n vvaste	=1 1	Name Tullytow		Landfill				
City, State					10	IN	on Data	- unytow		City Ct. 1		-		
Paterson, NJ							o/2012			City, State	-			
Completed by (Print or Type)		Title			Signature			Date		any town,				
Elizabeth Maslarkov		Business Adn	ninistrator			i Maslark	טיט	7/5/12	12.5					
		20000 / (dif								-				

520296

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)					Name of Build	ding Owner	Operator (2)	The state of the s	Section of the sectio	7.11 (Care Wind)	State by
07/00/0040					Exxon-Mobil			NE (EIWI	5 1	37
07/09/2012 Agencies Notified		Notification	Type		Street Address		5 11	111			
Agencies (Votilled		Notification	Type		Street Address	55		Ħ			
(X)EPA		(X) Initial N			600 Billingspo	ort Road		111 .11	1 1 0010	A STATE OF THE PERSON NAMED IN	III
(X) DOL		() Amende		tion	City, State, Zi	p Code	. 107	time or u	1 1 2012	Name of Street	1
(X) DOH () DCA		() Cancell	ed		Davishas N	1.00000		Service Control		and of the second	100
() 50/1					Paulsboro, N. Name of Con		- F	Tel. Nul	OS CONTROL &	- 1	-
					Bill Nelson	lact	L	Tel. Nul	ING		1
		1		FACILITY II	NFORMATION			Iedől	STARRES	The same of	-
Name of Facility Where Aba	atement is T	aking Place (3)		Type of Facili	ty (4)	the second			F	
Conse Mahil Tasha da					() School (K-			The state of the s	March I will proper a company of the property of	eneman en estas	
Exxon-Mobil Technology Street Address					() Subchapte (X) Other (i.e.	er 8 (other t	han K-12)		The state of the s		
Street Address					(X) Other (i.e.	private & c	ommerciai bio	igs., nome	etc.		
600 Billingsport Road					Sq. Feet	8,660	# of Floors_	1			
	County (6)		County (Code (7)				72			
Paulsboro	Gloucester		(State U	se Only)	Bldg. Age_8	8			100		
No. of Maritaria Circles	II BII		100111		Current Use (prior if bein		CONTROL CONTRO	nin.		
Name of Monitoring Firm Hi	rea by Blag	. Owner (8)	ASCM N	lo.			Name of Co				
Environmental Managemen	t Internation	nal					NCW Demo	olluon and	mediation, LP		
Street Address	-	11.1	1		Street Addres	S					
					395 Turner In		у				
34 East Germantown Pike								-			
City, State, Zip Code					City State, Zip Aston, PA 19						
East Norriton, Pa 19401					Aston, PA 19	014					
Project Manager for Monito	ing Firm	Telephone	Number		Telephone Nu	ımber ,		License	mber		
Ray Giordano		610-277-04			484-480-8931			01066	7		
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	A Monitor		<u></u>	1		
07/23/12		07/27/12			EMSL Analytic						
Occupancy Status During A	batement (0	Check only or	ie)		Street Addres	<u>s</u>					
() Facility Closed/Vacated (X)Abatement Performed O	During Entir	re Period of A	batement		107 Haddan A						
(A)Abatement i enormed O	utside of NC	illiai Facility	Hours -		107 Haddon A				<u> </u>		
Describe_segregated area,	no other tra	des		¥6	Westmont, NJ						
20 2 3											
Other - Describe -					1						
Source of Work (Check all the	nat apply)										
() Demolition (X) Renov	ation										
(X) Large Proj. >160 SF or	>260 LF A	CM) ()M Pro	oj. (>25<16	0 SF or >10 <26	00 LF ACM) () Minor Pro	j. (<25 SF or	<10 LF AC			
(X) Full Containment with I	Vegative Pro	essure ()	Mini-Encl	osure () GI	ovebag Procedu	re		1			
Location of Asbestos- Containing Material (ACM) i		ation Normally		Description of		Amount (Specify SF or	LF)	atement Type		
Facility (13)	Staff?	by Maint./Cus	stodiai	thermal syster surfacing, VA							
	YES	NO	NA	miscell.)	r, or other	1		1	1. Rep. Enca	ap Enclo	ose
Control Room		X		VAT		525 SF					
Name (D. W. L. II.					T-2	Vertical and the second					
Name of Reg. Waste Hauler		NJDEP Was 3175	ste Hauler	ID#	Cubic Yards o	f Waste		Name of	g. Landfill		ii.
Onyx Waste Services		3173		III to the second	4 cyds			Gloucest	County Solid W	aste Au	ın.
City, State			1			7	Disp. Date		City, State		
							07/27/12		Swedesboro,	NJ	
Woodbury, NJ		- :			1 -						
Completed by (Print or Type	1	Title Sonior Proje	ot Manage		Signature			Date			25.
Mark Griffin		Senior Proje	ct iviariage	N PER NOT THE	Mark J	1.11.	0	07/09/12			
					Mark 1	-diffe	(FL)				

				111116	En
Notification of Demolitic				111711	10 11
X. Description of Planned Der	nolition or Renovation Wo	rk and Methods 1	to be Used:	Removal of VAT to	Manufacture of the same of the
accommodate renovations.				14 41 111	7
				1 / 1	1120
				1	
				L 'SBEST	Course
XI. Description of Engineering	Controls and Work Practi	ces to be Used to	o Control Emn	nisions of Asbestos	he G
Demolition or Renovation Site	: Regulated work area, i	negative pressur	e enclosure, w	et material, and dou	bag.
					34. de
					187
XII. Waste Transporter#1 Was	te Management			AND THE RESERVE OF THE PARTY OF	
Address: 107 Silvia Street					3
City: Ewing	County: Ewing		State: NJ	Zip: 08628	A
Contact: Doug Hager			Telephone: 8		-
Waste Transporter#2 Same	e as #1		Marian Carrent		District Columns
Address					-
City	County		State	Zip	
Contact			Telephone	177	13
XIII. Waste Disposal Site Glo	ucester County Solid Wast	e Complex	EPA Certificat	tion Number: 132199	
Address: 493 Monroeville Road		1 280		102100	
City: Swedesboro	County: Gloucester		State: NJ	Zip: 08085	
Contact:			Telephone:		•
XIV. If the Demolition was Ord	ered by a Government Age	ency. Please Iden	tify the Agenc	v Below:	AND DESCRIPTION OF THE PARTY NAMED IN
Name		Title	,	, Deroit.	
Authority					
Date of Order (MM/DD/YY)		Date Ordere	d to Begin (MM/DD/	YY)	
XV. For Emergency Renovation	ns:		THE PERSON NAMED IN COLUMN TWO		**************************************
DATE and HOUR of Emergency: (MM/DD		(HH:MM)			-
Description of SUDDEN, UNEXPECTED E	VENT				_
					9
Explanation of how the Event caused un:	safe conditions, or a serious disrup	tion of industrial oper	ations		
	1. 2. 14				
XVI. Description of Procedures	to Be Followed in the Eve	nt that Unexpect	ed Asbestos is	Found, or that Prev	isly Non-
Fiable Asbestos Material Beco alert generator	mes Crumbled, Pulverized	or Reduced to P	owder Segreg	ate area, wet matrials	ost signs,
are it generator					
	5 5 - 5 - 5 - 5 - 6	100-100-100-100-100-100-100-100-100-100			
			1111.52	1856 (182) 120	
XVII. I Certify that an Individual	, Trained in the Provisions	of this Regulation	on (40CFR, Par	t 61, Subpart M) Wil	e On-
Site During the Demolition or R	lenovation, and that Evider	nce that the Requ	iired Training i	has Been Accomplis	d by
this Person will be Available fo	r mspecuon During Norma	II Business Hour.	S (Required one (1)	year after promulgation).	į
* 1	Mach	Sufficer nature of Owner/Operato	(E) 7	1/9/12 (Date)	GOODE
		nature of Owner/Operato	or)	(Date)	
(VIII. I Certify that the Above In	formation is Correct	No.			
	MI	A.lin		.1.7	Carried Co.
	Mark -	Suffer @	17	1/9/12	The state of the s
	(Sign	ature of Owner/Operato	(1)	(Date)	Chicago